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NO. 221 P. 1

**MAR 15 2005**

Atty Docket No. 018563-002400US

PTO FAX NO.: 703-872-9306

ATTENTION: Examiner Lena Najarian

Group Art Unit 3626

**OFFICIAL COMMUNICATION  
FOR THE PERSONAL ATTENTION OF  
EXAMINER Lena Najarian**

**CERTIFICATION OF FACSIMILE TRANSMISSION**

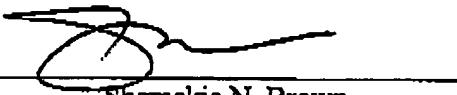
I hereby certify that the following documents in re Application of MUHAMMAD CHISHTI et al., Application No. 09/756885, filed January 9, 2001 for METHOD AND SYSTEM FOR DISTRIBUTING PATIENT REFERRALS are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal (1 page)
2. Amendment (8 pages)

Number of pages being transmitted, including this page: 10

Dated: 3/15/05

  
Shemekia N. Brown

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TOWNSEND and TOWNSEND and CREW LLP  
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San Francisco, CA 94111-3834  
Telephone: 650-326-2400  
Fax: 650-326-2422

6D444SDS v1

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/756885
		Filing Date	January 9, 2001
		First Named Inventor	CHISHTI, MUHAMMAD
		Art Unit	3626
		Examiner Name	Lena Najarian
		Total Number of Pages in This Submission,	9

ENCLOSURES (Check all that apply)			
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer		
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____		
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<b>Remarks</b> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1480.	

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Scott M. Smith		
Date	3/15/05	Reg. No.	48,268

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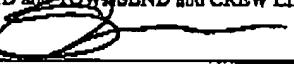
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PATENT  
Attorney Docket No.: 018563-002400US

TOWNSEND and TOWNSEND and CREW LLP

By:   
Shemekia N. Brown

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

CHISHTI, Muhammad et al.

Application No.: 09/756,885

Filed: January 9, 2001

For: METHOD AND SYSTEM FOR  
DISTRIBUTING PATIENT  
REFERRALS

Customer No.: 20350

Confirmation No. 6714

Examiner: Lena Najarian

Technology Center/Art Unit: 3626

**RESTRICTION REQUIREMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the restriction requirement of February 15, 2005, Applicants elect to prosecute Claims 1-30 and 46-59 of Group I, drawn to a method for referring patients to a certified group of practitioners. Applicants elect to prosecute these claims without traverse and herein cancel non-elected claims 31-45 and 60-70. A copy of pending claims 1-30 and 46-59 starts on page 2 of this document. Remarks begin on page 8.